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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/613,016	07/07/2003	Wolfgang Oehm	2000P22369WOUS	6915

TITLE OF INVENTION: METHOD FOR ESTABLISHING COMMUNICATION LINKS IN AN EXCHANGE IN A SWITCHING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/27/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
SCHEIBEL, ROBERT C	2616	370-357000				
				01 FC:1501	1440.00 DA	12/10/2007
				02 FC:1504	300.00 DA	10613016
				03 FC:1501	6.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Siemens AG, P.O.Box 22 16 34, D-80506 München (Germany)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 2

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- ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502464 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

November 27, 2007

Typed or printed name

Kevin R. Spivak

Registration No.

43,148

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TO: Mail Stop Issue Fee
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FROM: Anita Hogan

Fax No.: 571-273-2885

Fax No: 202-835-4119
Phone: 202-955-7007

DATE: November 27, 2007

Number of Pages including cover page: 3


Re: **10/613,016** filing date: 07/07/2003
Attorney Docket No.: 2000P22369WOUS
Issue Fee Date Due: 12/10/2007
Paper Dated: November 27, 2007
The required fees have been authorized to be charged to Deposit Account 502464.

Certification of Transmission under 37 CFR 1.8

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Facsimile Cover Sheet (1 pg.)

PTOL-85 PART B-FEE(S) TRANSMITTAL (2 pgs., original + 1 copy)


Anita Hogan

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